



PART B - FEE(S) TRANSMITTAL

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27805 7590 09/14/2006

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12/18/2006 EAYALEH2 00000048 10729805

01 FC:1501 1400.00 OP
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Collette Crawford	(Depositor's name)
<i>Collette Crawford</i>	(Signature)
12-14-06	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/729,805	12/05/2003	Richard Spear	SPETF/040P2 070628-006	1934

TITLE OF INVENTION: LABEL HAVING IMPROVED AESTHETIC APPEARANCE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES NO	\$700 1400	\$300	\$0	\$1000 1700	12/14/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
DAVIS, CASSANDRA HOPE	3611	040-638000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Thompson Hine LLP
2 P.O. Box 8801
3 Dayton OH 45401-8801

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SPEAR USA, LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

MASON, OHIO

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 20-0809 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Steven J. Elleman
Typed or printed name Steven J. EllemanDate 12/14/06
Registration No. 41,733

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